

WIC Farmers Market Nutrition Program (WIC FMNP)



Kentucky Public Health

Prevent. Promote. Protect.

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Section: Farmers Market Nutrition Program

WIC and Nutrition Manual

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FARMERS MARKET NUTRITION PROGRAM (FMNP)

The WIC Farmers Market Nutrition Program (FMNP) provides participants in the WIC Program with preprinted food instruments (FIs) to purchase fresh fruits and vegetables and fresh cut cooking herbs at local farmers markets. WIC participants receive the nutritional benefits of fresh fruits and vegetables in addition to the regular WIC food package. The local farmers are reimbursed for the face value of the food instruments which enhances their earnings and supports their participation in the farmers markets.

WIC FMNP preprinted FIs are allocated to Local Agencies approved by the Department for Public Health. A one time issuance of WIC FMNP FIs is provided to WIC Program validly certified women, children and infants that will turn one year of age by September 30. See the WIC Section in the Public Health Practice Reference for certification procedures for the WIC Program. The face value of the WIC FMNP FIs could differ from year to year depending on the amount of funding for the Program.

WIC FMNP preprinted FIs are normally issued in the spring and summer months until the agency/site does not have any more WIC FMNP FIs. WIC FMNP FIs are valid at approved authorized farmers markets until the last day to use on the WIC FMNP FI. If the purchase is less than the face value of the WIC FMNP FI, the farmer makes up the difference in produce. If the purchase is more than the amount of the participant's food instruments, the participant may pay the difference or elect to reduce the amount of produce selected. No change can be returned to the WIC FMNP participants.

GENERAL POLICIES

1. The allocation for WIC FMNP is determined by the WIC Program and will be entered into the portal by Nutrition Services personnel. Allocations are based on previous year's redemption rates.
2. WIC FMNP FIs shall only be issued to persons determined eligible and certified for the WIC Program.
3. Participants/caretakers or their proxy shall personally pick up WIC FMNP FIs.
 - a. In order to issue to a proxy, a properly completed WIC Authorization form must be in the Medical record. See Proxies in the Certification and Management Section.
 - b. Proxies must present proof of identity at issuance of food instruments, and the type of proof must be documented.
 - c. Proxies must sign the stub(s) for receipt of handwritten food instruments.
4. Issuance must be clearly documented in each participant's medical record at the time of issuance. See WIC Issuance Sheet in the Forms Section.
5. Each valid participant can only receive one set of the WIC FMNP FIs each year. FMNP FIs are issued only to individuals and not to households.
6. Participant/caretakers must be provided instructions on the proper use of WIC FMNP FIs. Provide participants with the WIC FMNP brochure, food list, Annual Farmers Market Location and Dates of Operation and Fruit and Vegetable Availability Chart. See Forms Section.
 - WIC FMNP FIs can only be redeemed at authorized Farmers Markets and only from approved farmers which display the WIC FMNP sign. Not all farmers at a market take the WIC FMNP FIs. See Forms Section.
 - Change cannot be received for WIC FMNP FIs.
 - WIC FMNP FIs can only be redeemed until the last day to use on the WIC FMNP FI.
 - WIC FMNP FIs are not replaced if lost or stolen.
7. Security and accountability for all WIC FMNP FIs shall be ensured. Each WIC FMNP preprinted FI must be inventoried and logged as issued or voided. Each issued FMNP FI is assigned to a specific participant (not household) and must be the serial number of the WIC FMNP FI given to the participant. See FI Inventory Form in the Forms Section.
8. Every effort will be made to integrate WIC FMNP FIs issuance and nutrition education. See Nutrition Education in this Section.
9. Farmers' Market issuance should be provided with the regularly scheduled WIC visit and should include nutrition education. Issuance is normally a part of a regular WIC visit, WIC secondary or recertification visit. At times, participants may report to the clinic in between certification and secondary visits and request the WIC FMNP food instruments. In that case, the clerk may issue the farmers market FIs, cover the information in the Nutrition Education Section including information on benefits of fruits and vegetables using the My Plate Guides (Add more Vegetables to Your Day & Focus on Fruits). If the clerk is providing all the information, nutrition education is not coded in the system, but a FI pick-up code would be coded. The clerk would document issuance and items provided in the chart. This is allowable for the farmers' market nutrition education only and is not approved for any other nutrition education services.

10. The Kentucky WIC FMNP Recipe Book can be found at <http://chfs.ky.gov/NR/ronlyres/0398A18C-85E0-4F2D-8570-C7FEA65743A4/0/WICFarmersMarketRecipeBook.pdf>
11. A report is available monthly in E-Reports outlining which participants have redeemed their FIs. In order to maximize redemption, the health department should contact those participants who have not used their FIs and remind them of the deadline for use. It would be helpful to let them know what is available at the Farmers Market at this time. The report will be available on a monthly basis. See Participation Report in the Report Section.
12. A report is available monthly and distributed by request showing all approved farmers of the market and their monthly redemptions. This report also highlights where the FIs were redeemed. It is possible for FIs to be redeemed in a different county than where they were given out. See Farmer Redemption Report in the Report Section.
13. Every two (2) years, each farmer is required to complete an agreement in triplicate. The market manager forwards all signed agreements to the WIC Coordinator for the health department signature. The WIC Coordinator then sends the signed agreements to the state office. The state office will return originals to the market manager and the health department for their files. See copy of the Farmer Agreement in the Forms Section.
14. Every two (2) years, each market manager is required to complete a Market Agreement in triplicate. The market manager forwards the signed agreement to the WIC Coordinator for the health department signature. The WIC Coordinator then sends the signed agreement to the state office. The state office will return originals to the market manager and the health department for their files. See a copy of the Market Agreement in the Forms Section.
15. Each farmer receives a stamp for every contracted market he sells with. See WIC FMNP Farmer Stamps in this section.
16. New markets are considered in the fall of each year when the State Plan is completed. New markets will be considered in counties with low poverty levels first. Adding new markets is contingent on receiving adequate allocation from USDA. New markets are required to contact their local health department first to see if they are able to take on the additional responsibility for the WIC FMNP. See Approving New Markets in this section.
17. One-on-one trainings are provided for both WIC Coordinators and the new markets including all farmers. See Training in this section.
18. Four (4) trainings held each spring for market managers and health department employees. The market manager must then provide the farmers the required annual training. The farmers must train anyone that will be working at their booth. Attendance is not required but is encouraged by all market managers. A training checklist will be completed by all attending the trainings and will become a part of their market file. See Training Checklist in the Forms Section. The power point used at the training is available for the market manager to train the farmers.
19. Each farmer is provided a copy of the WIC Farmers Market Manual, food list, sign and a stamp for each county he sells in. See copies of these items in the Forms Section.
20. Farmers may require revalidation on FIs due to errors. They have been directed to take them to their local health department. Refer to the Revalidation policies in this section.

21. The WIC FMNP fair hearing policies for agencies, farmers and participants are governed by Administrative Regulation 902 KAR 18:040. When a hearing is received, a file will be established and maintained documenting all correspondence and contacts with the party requesting the hearing. See Complaint Form in the Forms Section.
22. A farmer or farmers' market participating in the WIC FMNP must adhere to the federal regulations for nondiscrimination. If a farmer or market wants to file a civil rights program complaint, complete the USDA Program Discrimination Complaint Form found online at www.ascr.usda.gov/complaint_filing_program.html or pick up the form at any USDA office, or call (866) 632-9992 to request the form. See Complaint Form in the Forms Section.
23. Farmers and participants may contact USDA directly with any discrimination complaints: USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410.

WIC FMNP Handwritten Food Instruments

A. The following are the general policies regarding WIC FMNP FIs

1. Security and accountability for all hand written FMNP food instruments shall be ensured.
2. Every FMNP food instrument has a unique serial number and is tracked in the system from the time it is assigned to a specific agency/site. All FMNP food instruments must be recorded as issued or voided. Each issued FMNP food instrument number is assigned to a specific participant and must be the number given to that participant.
3. Handwritten FMNP food instruments that are no longer usable are to be voided and sent to the State WIC Office. Refer to Voiding issued FMNP FIs in the system in this section.

B. Receipt and Inventory

1. Receipt of FMNP food instruments from the State WIC Office must be verified immediately. Compare numbers on the Food Instrument Range with serial numbers of FMNP food instruments received. See Receiving and Posting FMNP Food Instruments in this Section.
2. If correct, electronically acknowledge receipt of the FMNP food instruments. This must be done before any issuance from that series of food instrument can be posted.
3. If the serial numbers and FMNP food instruments do not agree, contact the WIC Help Desk for further instructions.
4. All handwritten FMNP food instruments must be stored in a secure, locked area that is separate from the agency stamps. A physical inventory must be made of all, food instruments monthly:
 - a. A person other than the person(s) that issue food instruments must do the inventory
 - b. Method which reflects the actual number of FMNP food instruments on hand from the last month minus all FMNP food instruments issued during the current month is acceptable. Account for all food instruments during this inventory by verifying that food instruments on hand match the FI Range Search.
 - c. The actual number on hand of each FMNP food instrument, the name and signature of the person who did the physical count and date of verification must be maintained. All FMNP food instruments must be accounted for during this inventory. Documentation of inventory must be retained for one (1) year. A suggested inventory format, Food Instruments Inventory Form, is provided in Forms Section.
 - d. Discrepancies must be reported to the State WIC Office as soon as possible.
5. Food instrument security must be ensured.

C. FMNP Food instruments

1. Issuance shall be performed accurately and all required information must be recorded at the time of issuance. Handwritten FMNP food instruments cannot be completed in advance and held for later issuance. See issuing FMNP FIs in this section.
2. FMNP food instruments must be issued in a consecutive manner starting with the lowest number available and proceeding to the highest number.
3. WIC FMNP FIs shall only be issued for women and children that are determined eligible and certified for the WIC Program. Infants that will be one (1) year of age by September 30 and children who have not yet reached their fifth (5th) birthday at the time of issuance (first valid date of benefits) are eligible and certified for the WIC Program may be issued WIC FMNP FIs.
4. Proxies are allowed to pick-up WIC FMNP FIs with authorization from the participant or parent/caretaker. The authorization for proxies for WIC food instrument pick-up shall be used for WIC FMNP FI issuance. See Certification and Management Section, Use of Proxies in Food Delivery/Data Section Issuance to Proxies.
5. Documentation must be reviewed to determine if issuance is appropriate and not being duplicated.
6. Issue and post the full set of the WIC FMNP FIs. See Posting Issued FMNP FIs. If the system is not accessible, posting must be done as soon as the system comes back up.
7. Complete the FMNP FI as follows:
 - a. Enter participant's name.
 - b. Enter participant's ID number
 - c. Enter Agency number and Site number.

See Example of FMNP FI in the Forms Section.

8. FMNP food instruments must not be pre-stamped with the agency stamp.
9. Complete the stub for the handwritten food instruments as follows:
 - a. Date of Issuance.
 - b. Participant's Name.
 - c. Participant's ID Number.
 - d. Issuer's Initial.
 - e. ID for FI PU proof code.

See Example of FMNP Stub in the Forms Section.

10. Verify that the serial number on the WIC FMNP FI provided to the participant is the same as number issued.
11. Each participant/parent/caretaker/proxy shall sign for receipt on the WIC FMNP FI stub with the printed information.
12. The issuer must initial the WIC FMNP FI stub.

13. The WIC FMNP FI stub(s) shall be placed on the WIC Issuance sheet (WIC-52). See Forms in this section.
14. Issuance must be documented in the participant's medical record at the time of issuance and must include the serial number of the WIC FI range issued and the date issued. The issuance must be hand posted. The entry must have at a minimum, the serial numbers of the WIC FMNP FIs, the date of issuance and the issuer's initials. Stubs will become a part of the participant's medical file.

RECEIVING AND POSTING FMNP FOOD INSTRUMENTS

FMNP food instruments (FIs) received in the clinic from the State WIC Office must be received in Portal prior to issuance. As FMNP FIs are issued, the issuance must be posted in Portal.

TO RECEIVE FMNP FIs:

1. On Portal, click FI Range Search.



2. On Food Instrument Ranges, select the clinic from the drop-down if not auto-filled, select Bank Number 1246720 from the dropdown for the FMNP FIs, and click Search.

A screenshot of the 'FOOD INSTRUMENT RANGES' form. The 'Clinic' dropdown is set to '500500 - LOCAL HEALTH TEST SITE'. The 'Bank Number' dropdown is open, showing a list of bank numbers: 1246569, 1246658, 1246682, 1246690, 1246704, 1246712, 1246720 (circled in red), 1246801, 1246844, 1246852, 1246879, and 1246887. The 'SEARCH' button is visible. Below the dropdown, the 'SEARCH RESULTS' section shows buttons for 'ISSUE', 'RECEIVE', 'PAYMENT', and 'REJECT'. The 'RECEIVE' button is highlighted. The page number is 'Page 1 of 0' and the size is '10'. The 'GO' button is also visible.

- Search Results return at bottom of page. Panel displays Bank Number, Beginning FI #, Ending FI #, and Date issued (by State WIC Office). Date Rec/Rej (Received/ Rejected) is blank, and Total Available, Number Used, Number Voided, and Number Unused have 0; these columns are completed after receipt and posting of FIs. Verify FI numbers on this page match actual food instruments received by the clinic.

FOOD INSTRUMENT RANGES

Clinic: 500500 - LOCAL HEALTH TEST SITE

Bank Number: 1246720

SEARCH **CLEAR**

SEARCH RESULTS

ISSUE **RECEIVE** **STOP PAYMENT** **REJECT** Page 1 of 1 Size: 10 **GO**

	Bank Number	Beginning FI	Ending FI	Date Issued	Date Rec/Rej	Total Available	Number Used	Number Voided	Number Unused
<input type="checkbox"/>	1246720	7151	7650	5/01/2012		0	0	0	0

- Check the box next to the FIs and click the Receive button.

FOOD INSTRUMENT RANGES

Clinic: 500500 - LOCAL HEALTH TEST SITE

Bank Number: 1246720

SEARCH **CLEAR**

SEARCH RESULTS

ISSUE **RECEIVE** **STOP PAYMENT** **REJECT** Page 1 of 1 Size: 10 **GO**

	Bank Number	Beginning FI	Ending FI	Date Issued	Date Rec/Rej	Total Available	Number Used	Number Voided	Number Unused
<input checked="" type="checkbox"/>	1246720	7151	7650	5/01/2012		0	0	0	0

5. Receive Food Instrument Range page returns. Clinic, Bank Number, Beginning FI #, Ending FI # and Received Date is displayed. Received Date defaults to current date. Change date if needed (enter date or select date using calendar icon next to date field). If food instrument numbers listed match FIs received, click Save.

RECEIVE FOOD INSTRUMENT RANGE

Clinic 500500 - LOCAL HEALTH TEST SITE

Bank Number 1246720

Beginning FI# 7151

Ending FI# 7650

Received Date 05/03/2012

SAVE **CANCEL**

6. Message "FI's Received" returns.

RECEIVE FOOD INSTRUMENT RANGE

Clinic 500500 - LOCAL HEALTH TEST SITE

Bank Number 1246720

Beginning FI# 7151

Ending FI# 7650

Received Date 05/03/2012

FI's Received.

RETURN

7. Click Return button at bottom of page to return to Food Instrument Ranges or click Portal.
8. FMNP FIs are received and ready to be issued and posted.

POSTING ISSUED FMNP FIs

1. On Portal, click FI Range Search.



2. On Food Instrument Ranges, select the clinic from the drop-down if not auto-filled, select Bank Number 1246720 from the dropdown for the FMNP FIs, and click Search.

FOOD INSTRUMENT RANGES

Clinic: 500500 - LOCAL HEALTH TEST SITE

Bank Number: 1246720 (circled in red)

SEARCH RESULTS

ISSUE RECEIVE PAYMENT REJECT

Page 1 of 0 Size: 10 GO

PORTAL LOGOUT

3. Search results return at bottom of page. (Note that Date Rec/Rej, Total Available and Number Unused are completed after FIs are received). Click the edit icon (paper and pencil)

FOOD INSTRUMENT RANGES

Clinic: 500500 - LOCAL HEALTH TEST SITE

Bank Number: 1246720

SEARCH CLEAR

SEARCH RESULTS

ISSUE RECEIVE STOP PAYMENT REJECT

Page 1 of 1 Size: 10 GO

	Bank Number	Beginning FI	Ending FI	Date Issued	Date Rec/Rej	Total Available	Number Used	Number Voided	Number Unused
	1246720	7151	7650	5/01/2012	5/03/2012	500	0	0	500

- Food Instrument Block Detail page returns. This page lists each individual FI number for that block of FIs. The Food Instrument Range panel displays Clinic, Bank Number, Beginning FI # and Ending FI # to verify that posting is done to the correct account and FI numbers.

FOOD INSTRUMENT BLOCK DETAIL

FOOD INSTRUMENT RANGE

Clinic 500500 - LOCAL HEALTH TEST SITE
Beginning FI# 7151

Bank Number 1246720
Ending FI# 7650

Starting FI

Void Reason **Void Date**

	Status / Action	FI Number	Patient #	First/Last Valid Date	Void Reason	Void Date	Last Updated
	Open	7151	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	5/03/2012
	Open	7152	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	5/03/2012
	Open	7153	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	5/03/2012
	Open	7154	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	5/03/2012

- Find the FI number for the issued FI. In Status/Action column, click the drop-down and select Issued.

	Status / Action	FI Number	Patient #	First/Last Valid Date	Void Reason	Void Date	Last Updated
	Open	7151	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	5/03/2012
	<div style="border: 1px solid red; border-radius: 50%; padding: 2px; display: inline-block;"> Issued Replace Void </div>	7152	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	5/03/2012
	Open	7153	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	5/03/2012

- Enter the Patient # (ID number) for the patient who received the FI and enter the First/Last Valid Date for the FMNP FI (dates may be entered or selected using the calendar icon next to the date fields). FMNP dates are 6/01/20XX to 10/31/20XX.

Status / Action	FI Number	Patient #	First/Last Valid Date	Void Reason	Void Date	Last Updated
Open Issued	7151	555394578	06/01/2012 10/31/2012			5/03/2012
Open	7152					5/03/2012

- For the next FI issued, in Status/Action column, click the drop-down and select Issued. The page will refresh and auto-fill the Patient # and First/Last Valid Date with the data from the previous FI.

Status / Action	FI Number	Patient #	First/Last Valid Date	Void Reason	Void Date	Last Updated
Open Issued	7151	555394578	06/01/2012 10/31/2012			5/03/2012
Open Issued	7152	555394578	06/01/2012 10/31/2012			5/03/2012
Open	7153					5/03/2012

- Select Issued in the drop-down for the remaining FIs issued to the patient (not household). Make sure the ID is correct for the FI number. Click Save (there is a Save button above the FI list and at the bottom of the page).

SAVE
CANCEL
VOID

Status / Action	FI Number	Patient #	First/Last Valid Date	Void Reason	Void Date	Last Updated
Open Issued	7151	555394578	06/01/2012 10/31/2012			5/03/2012
Open Issued	7152	555394578	06/01/2012 10/31/2012			5/03/2012
Open Issued	7153	555394578	06/01/2012 10/31/2012			5/03/2012
Open Issued	7154	555394578	06/01/2012 10/31/2012			5/03/2012
Open Issued	7155	555394578	06/01/2012 10/31/2012			5/03/2012

9. The page refreshes and a green check appears next to each FI indicating the data was saved. A saved message also appears at the bottom of the page.

SAVE
CANCEL
VOID

Status / Action	FI Number	Patient #	First/Last Valid Date	Void Reason	Void Date	Last Updated
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Issued <input type="checkbox"/> Issued	7151	555394578	06/01/2012 10/31/2012			5/03/2012
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Issued <input type="checkbox"/> Issued	7152	555394578	06/01/2012 10/31/2012			5/03/2012
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Issued <input type="checkbox"/> Issued	7153	555394578	06/01/2012 10/31/2012			5/03/2012
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Issued <input type="checkbox"/> Issued	7154	555394578	06/01/2012 10/31/2012			5/03/2012
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Issued <input type="checkbox"/> Issued	7155	555394578	06/01/2012 10/31/2012			5/03/2012

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Open <input type="checkbox"/>	7180					5/03/2012
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✔ Saved

10. Click Cancel or Portal to navigate from the page.

Note: If more than \$20 (5 FIs) is posted to a participant, a warning message returns.

⚠ Warning:

- This check issuance has given more than the FMNP Max/Participant amount of (\$20) to patient#: 000001313 for the current year.

✔ Saved

SAVE
CANCEL
VOID

VOIDING WIC FMNP FIs

Voiding is the process to account for a FMNP food instrument issuance that is not usable. An FI may be unusable for a number of reasons; a FMNP food instrument is lost, stolen or damaged. Voiding ensures accountability and provides accurate participation counts.

A. General Policies

1. Any FMNP food instrument/number that is unusable must be voided.
2. FMNP food instruments must be voided at the time they are determined to be unusable.
3. Any issued handwritten FMNP food instrument returned unused by the participant must be voided.
4. Each site must have a void stamp. This stamp is available from the State WIC Office.
5. Voided FMNP food instruments must be submitted monthly to the State WIC Office for processing using the Local Agency Batch Control Form. See Forms Section.
6. Each FMNP food instrument assigned to a site must either be in the site inventory as unused, be issued with a signature on the food instrument stub verifying receipt or be voided.
7. The situation surrounding the voiding of FMNP food instruments must be documented in the participant's medical record.
8. For voiding FMNP Food Instruments:
 - a. Document the situation in the participant's medical record.
 - b. Stamp the actual FMNP food instrument with the void stamp if the food instrument is available. Do not stamp on or over the MICR line (line of number at the bottom of the food instrument).
 - c. See directions on the following pages for voiding in the system.

B. Submitting Voided FMNP Food instruments

1. Ensure all unusable/invalid FMNP food instruments have been stamped with the Void stamp.
2. Send all voided FMNP food instruments to the State WIC Office monthly with a WIC-31 (Batch Control form). The agency/site should make a copy of the WIC-31 for documentation. Do not staple or spindle food instruments.

VOIDING ISSUED FMNP FIs IN THE SYSTEM

1. On Portal, click FI Range Search



2. On Food Instrument Ranges, select the clinic from the drop-down if not auto-filled, select Bank Number 1246720 from the dropdown for the FMNP FIs, and click Search.

FOOD INSTRUMENT RANGES

Clinic: 500500 - LOCAL HEALTH TEST SITE

Bank Number: 1246569, 1246658, 1246682, 1246690, 1246704, 1246712, **1246720** (circled), 1246801, 1246844, 1246852, 1246879, 1246887

Buttons: SEARCH, CLEAR, ISSUE, RECEIVE, PAYMENT, REJECT, Page 1 of 0, Size: 10, GO

PORTAL | LOGOUT

3. Search results return at bottom of page. Click the edit icon (paper and pencil).

FOOD INSTRUMENT RANGES

Clinic: 500500 - LOCAL HEALTH TEST SITE

Bank Number: 1246720

Buttons: SEARCH, CLEAR, ISSUE, RECEIVE, STOP PAYMENT, REJECT, Page 1 of 1, Size: 10, GO

SEARCH RESULTS

Bank Number	Beginning FI	Ending FI	Date Issued	Date Rec/Rej	Total Available	Number Used	Number Voided	Number Unused
1246720	7151	7650	5/01/2012	5/03/2012	500	0	0	500

The edit icon (paper and pencil) is circled in red.

1. Food Instrument Block Detail page returns.

FOOD INSTRUMENT BLOCK DETAIL

FOOD INSTRUMENT RANGE

Clinic

500500 - LOCAL HEALTH TEST SITE

Bank Number

1246720

Beginning FI#

7151

Ending FI#

7650

Starting FI

7181

SEARCH

CLEAR

SEARCH FOR NEXT OPEN FI

Void Reason

Void Date

SAVE

CANCEL

VOID

	Status / Action	FI Number	Patient #	First/Last Valid Date	Void Reason	Void Date	Last Updated
	Issued Issued	7151	555394578	06/01/2012 10/31/2012			5/04/2012

2. Find the FI number to void. In Status/Action column, click the drop-down and select Void.

	Status / Action	FI Number	Patient #	First/Last Valid Date	Void Reason	Void Date	Last Updated
	Issued Issued	7151	555394578	06/01/2012 10/31/2012			5/04/2012
	Issued Replace Void	7152	555394578	06/01/2012 10/31/2012			5/04/2012

3. Void Reason and Void Date fields open.

	Status / Action	FI Number	Patient #	First/Last Valid Date	Void Reason	Void Date	Last Updated
	Issued Void	7151	555394578	06/01/2012 10/31/2012			5/04/2012
	Issued Issued	7152	555394578	06/01/2012 10/31/2012			5/04/2012

- Select the void reason from the drop-down.

Status / Action	FI Number	Patient #	First/Last Valid Date	Void Reason	Void Date	Last Updated
Issued Void	7151	555394578	06/01/2012 10/31/2012			5/04/2012
Issued Issued	7152	555394578	06/01/2012 10/31/2012	Lost Or Stolen Damaged Or Destroyed Other Food Pkg Change		5/04/2012

- Enter the Void Date and click Save.

SAVE CANCEL VOID

Status / Action	FI Number	Patient #	First/Last Valid Date	Void Reason	Void Date	Last Updated
Issued Void	7151	555394578	06/01/2012 10/31/2012	Lost Or Stolen	05/04/2012	5/04/2012
Issued Issued	7152	555394578	06/01/2012 10/31/2012			5/04/2012

- The page refreshes and a green check appears next to the FI indicating the data was saved. A saved message also appears at the bottom of the page.

Status / Action	FI Number	Patient #	First/Last Valid Date	Void Reason	Void Date	Last Updated
Void Void	7151	555394578	06/01/2012 10/31/2012	Lost Or Stolen	05/04/2012	5/04/2012
Issued Issued	7152	555394578	06/01/2012 10/31/2012			5/04/2012
Open	7180					5/03/2012

✓ Saved

POLICIES AND PROCEDURES FOR WIC FMNP FOOD INSTRUMENT REVALIDATION

A FMNP food instrument is edited at the State WIC Office contracted bank for accuracy and is rejected if it does not meet Program requirements. Reasons for rejection include: agency or farmer stamp missing, date redeemed invalid, missing or altered and signature missing. The FMNP FIs will be returned through the Federal Reserve System using banking codes. The FMNP FI will be returned as a bank image (copy of the food instrument). Additionally, a farmer may identify an error prior to submission to the local bank. Limited provisions have been made for revalidating some of the FMNP FIs that are not properly completed. In order for a farmer to deposit FIs in a timely manner, revalidation should be done on FMNP FIs prior to the farmer submitting them for payment; however, revalidation may be done after they have been rejected by the contracted bank. See more detail in Forms Section.

- A. Agencies are responsible for all revalidation for their approved farmers.
- B. Limits have been set on the number of times that a farmer may receive revalidation for specific reasons and some revalidations are on a one time only basis. A one-time only basis is defined as one time only for the contract year. Also, one time only pertains to one time only submission of food instruments, not just one handwritten food instrument. For example, if the farmer sends in three (3) handwritten food instruments at the same time for a “date redeemed invalid” and does not supply documentation for any of the three, all three will be revalidated on a one time only basis. No more revalidation for that specific reason can be given during that contract year.
- C. The local agency will notify a farmer, in writing, when a one-time only revalidation has been given. A copy of the letter must be retained in the WIC FMNP file at the local agency and a copy sent to the State WIC Office to be placed in the market file.
- D. The agency with whom the farmer has a contract may revalidate handwritten FMNP food instruments based upon the following procedures:
 - 1. Review the FMNP FIs submitted for the errors and appropriate accompanying information.
 - 2. Use the revalidation stamp only on FMNP FIs which meet the qualifications to be revalidated.
 - 3. Stamp the FMNP FI in the shaded area. Do not cover the MICR line (numbers at the bottom of the food instrument) or the WIC Farmer Stamp imprint.
- E. Revalidation may be done only for the following reasons and must not exceed the frequency specified for each condition. The proper documentation must be supplied as specified for each condition.

1. AGENCY STAMP MISSING

- a. If the farmer has not submitted the FMNP food instrument for payment, the contracting agency can put the agency stamp on the FMNP food instrument provided the food instrument will reach the contracted bank by November 15.
- b. If the FMNP FI has been rejected by the contracted bank for agency stamp missing, the FMNP FI must have a revalidation stamp before payment can be made.

2. **FARMER STAMP MISSING**

- a. Instruct the farmer to place authorized farmer stamp in the appropriate block.
- b. If it has not been rejected by the state contracted bank, no revalidation stamp is required.
- c. If the FMNP FI has been rejected by the state contracted bank, a revalidation stamp is required.
- d. The FMNP FI must reach the state contracted bank by November 15.

3. **DATE REDEEMED INVALID**

- a. If the “date redeemed” is not within the valid dates, revalidation is on a one time only basis.
- b. If the date is missing and the FMNP food instrument has been rejected by the contracted bank, revalidation is on a one time only basis.

4. **PARTICIPANT'S SIGNATURE**

If the FMNP food instrument has been rejected for a missing signature, the food instrument must have a revalidation stamp before payment can be made. Revalidation is for one time only.

- F. Agencies are responsible for documenting all revalidations on the WIC Revalidation Sheet. Revalidation information for each farmer will be stored in file. See Revalidation Form in Forms Section.

LOST, STOLEN, DAMAGED OR DESTROYED WIC FMNP FOOD INSTRUMENTS (FIS)

If WIC FMNP Food Instruments are lost, stolen, damaged or destroyed after issuance to a participant and prior to redemption:

1. WIC FMNP FIs cannot be replaced for any reason.
2. Document the report of the FMNP FIs in the participant's medical record on the issuance label.
3. Document the voiding of the specific WIC FMNP FI in the system. See Voiding Issued FMNP FIs in the system.

Finding A WIC FMNP Food Instrument

To find a specific food instrument number without scrolling through the list or to navigate to the next page, on Food Instrument Block Detail, enter the FI number in the Starting FI field and click Search or click Search for Next Open FI button.

FOOD INSTRUMENT BLOCK DETAIL	
FOOD INSTRUMENT RANGE	
Clinic	500500 - LOCAL HEALTH TEST SITE
Bank Number	1246720
Beginning FI#	7151
Ending FI#	7650
Starting FI	7181
<input type="button" value="SEARCH"/> <input type="button" value="CLEAR"/> <input type="button" value="SEARCH FOR NEXT OPEN FI"/>	

Make sure the patient ID number is the correct ID for the FMNP food instrument before clicking Save.

Monthly County of Unused Food Instruments Inventory

Inventories of unused FIs are conducted on a monthly basis to account for all unused FMNP food instruments. Copy the inventory form as needed. The form is located in the Food Delivery Section in the Forms and in the Form Section.

1. From the portal menu, select "FI Range Search." Select appropriate clinic from the drop-down menu. Leave "Bank Account" drop down menu blank, and select search.
2. Food instrument account numbers issued to the clinic will appear.
3. Verify the number of food instruments in this inventory is correct by physically counting all FMNP food instruments on hand.
4. Account for all FMNP food instruments.
5. Report discrepancies to the State WIC Help Desk.
6. Attach a copy of the FMNP Food Instrument Range screen to the form for documentation

NUTRITION EDUCATION FOR WIC FMNP

Issuance of WIC FMNP requires a Nutrition Education visit. The following information must be provided to participants receiving WIC FMNP benefits:

1. Kentucky WIC Farmers' Market Nutrition Program Brochure (available in both English and Spanish).
2. Explanation of how to use WIC FMNP (See English Brochure in Form Section)
3. Eligible Food List (available in Brochure). Fls are good for locally grown products only.
4. Benefits of fruits and vegetables in the diet.
5. Kentucky fruit and vegetable availability. (See Availability Chart in Forms Section)
6. Location of statewide approved markets (handout of all market dates and times of operation).

Other Resources:

- Kentucky WIC FMNP Recipe Book available at <http://chfs.ky.gov/NR/rdonlyres/0398A18C-85E0-4F2D-8570-C7FEA65743A4/0/WICFarmersMarketRecipeBook.pdf>
- Kentucky Proud Produce and Availability: http://www.kyagr.com/marketing/documents/kyp_produceavailabilityguide.pdf
- Tips to increase Fruits and Vegetables <http://www.choosemyplate.gov/food-groups/vegetables-tipos.html>
- Choose MyPlate.gov Tip Sheets <http://www.choosemyplate.gov/healthy-eating-tips/ten-tips.html>
 - Add More Vegetables to your Day (English and Spanish)
 - Focus on Fruits (English and Spanish)
 - Vitamin C
- Vitamins A and C: <http://chfs.ky.gov/NR/rdonlyres/3CDB1E79-5872-4DB5-B1EB-5F00690414E1/0/VitaminsAandCEnglish.pdf>

QUALIFICATIONS FOR MARKETS

The Market Agreement is entered into every two (2) years between the Kentucky WIC FMNP and the Farmers' Market. It is the responsibility of the Market Manager and also the WIC Coordinator to review the agreements prior to sending them into the State Office. If writing is not legible, the Market Manager should contact the farmer to make sure his name and address is correct and legible on the form.

The Farmers Market must:

1. Provide fresh fruits and vegetables grown within the confines of the Kentucky borders.
2. Comply with application federal and state policies, procedures and regulations relating to WIC FMNP.
3. Guarantee participating farmers are in compliance with the WIC FMNP Farmer Agreement and the WIC FMNP Manual.
4. Return any unused stamps or stamps of terminated farmers to the state office coordinator.
5. Attend training annually on WIC FMNP procedures and provide training to approved farmers, their representatives and employees working at the Market.
6. Agree to be monitored for compliance with WIC FMNP requirements.
7. Provide information within 7 days should there be a change in the market coordinator or any address change.
8. Provide the State Office of any changes in farmer status.
9. Provide a schedule of the hours, days and duration of the market operation. Provide changes in schedule within 7 days.
10. Ensure that the market is an organized market.
11. Ensure that market is registered with the Department of Agriculture (KDA) and approved as a Kentucky Proud™ member.
12. Retain all books/records pertaining to the WIC FMNP for a minimum of three (3) years.
13. Display a WIC FMNP sign that FMNP food instruments (FIs) can be redeemed.
14. Have the capability of providing the information in bilingual manner when necessary.
15. Non-profits selling on behalf of local farmers must have signed an updated agreement on all farmers providing fresh locally grown fruits and vegetables.

Termination:

1. Either party may terminate the Agreement at any time with cause or without cause upon giving thirty (30) day notice in writing.
2. State Office may deny payment to the farmer for improperly redeemed WIC FMNP FIs.
3. State Office may disqualify the Market for WIC FMMP abuse.
4. If Market commits fraud or engages in any other illegal activity, it is subject to prosecution under applicable federal, state or local laws.
5. State Office reserves the right to modify the Agreement at any time upon written notice.
6. Agreement does not become effective until approved by the Department for Public Health.

See Market Agreement in Forms Section.

QUALIFICATIONS FOR FARMERS

Farmers are an important part of helping Kentucky citizens in the community to improve their health through the use of fresh fruits and vegetables in their diet. The goal of WIC FMNP is to increase consumption of fresh fruits and vegetables among WIC participants and to help the farmer to reap the financial benefit from money spent at the Farmers' Market.

A Farmer is defined as:

1. An individual authorized to sell produce at participating farmers' markets.
2. The term "Farmer" shall mean "Producer" for the purposes of the WIC FMNP Program.

A farmer shall:

1. Be a member of a state authorized farmers' market for the WIC Farmers' Market Nutrition Program (FMNP);
2. Sell only at an authorized Farmers' Market;
3. Provide information to the State Agency pertaining to the WIC Farmers' Market Nutrition Program (FMNP) as required for reporting to the United States Department of Agriculture (USDA);
4. Assure that WIC Farmers' Market Nutrition Program (FMNP) FIs are redeemed only for eligible foods. Deposit FIs in a timely manner, before set deadline;
5. Offer for sale only locally grown fruits, vegetables and herbs (eligible food) for human consumption. Locally grown is defined as fruits, vegetables and herbs grown within Kentucky borders;
6. Provide eligible foods at the current or a lower price than charged to other customers;
7. Post the price of each eligible food item;
8. Stamp each FI with the correct county individual WIC FMNP identifier;\
9. Attend training on WIC FMNP procedures and provide training to employees involved with the Program;
10. Agree to be monitored for compliance with WIC FMNP requirements;
11. Be responsible for actions of employees;
12. Reimburse the State Agency for checks transacted in violation of the Farmer Agreement;
13. Offer FMNP recipients the same courtesies as other Market customers;
14. Comply with the nondiscrimination provisions of USDA regulations;
15. Complete and provide a copy of the certificate for Good Agriculture Practices (GAP) Program Training if you intend to provide samples; and

16. Sign the Farmer Agreement outlining all the rules and for participation in the WIC FMNP Program.

A Farmer shall not:

1. Sell FMNP participants eligible food, which is not locally grown;
2. Sell exclusively eligible foods grown by someone else, such as wholesale distributors.

Farmers are instructed to review the FMNP WIC Manual which is sent to them upon approval of the application. This manual provides a guide to help follow correct procedures for serving WIC participants.

See the Farmer Agreement in the Forms Section.

POLICY FOR NEW MARKET APPLICATIONS

New Markets will only be considered if received by the State Office by October 15 to be considered for the next year.

1. Market must have contacted their local health department prior to applying and the application must be signed by the local health department.\
2. Form is given to markets upon request.\
3. The completed application Form must be received in the State Office by October 15 of each year to be considered for participation the next year.
4. The application must be complete:
 - a. Market Name
 - b. County
 - c. Year of incorporation
 - d. Total number of members in the market
 - e. Name of Market Manager
 - f. Market Manager's address, phone number and email address
 - g. Market location.
 - h. Market days and times of operation
 - i. List of all interested farmers
5. Market must provide the following information:
 - a. Assure produce of all approved farmers is grown within the borders of Kentucky
 - b. Approved farmers must be current members of the market
 - c. Market must be Kentucky Proud™
 - d. Market must complete GAP training if they intend to give out samples at their market

See Kentucky WIC Farmers' Market Nutrition Program (FMNP) Application Form in the Forms Section.

MONITORING

In order to assure compliance with the requirements of the WIC FMNP Farmer Agreement and State and Federal WIC Regulations, the State WIC Office conducts monitoring visits during the season which include on-site monitoring, reviewing cashed FIs, conducting compliance investigations (undercover monitoring for program compliance). On-site monitoring will include, but not be limited to:

- A. Compliance with the terms of the WIC Farmers' Market Nutrition Program (FMNP) Farmer Agreement and the criteria to be an authorized farmer.
 - 1. Prices of WIC food items: Prices and the unit to be sold (pound, bunch, etc.) must be marked on the food item or display.
 - 2. The FMNP market sign. The sign must be displayed at all times during the market.
- B. Redemption of FIs in accordance with the terms of the Agreement and WIC FMNP policies and procedures.
- C. Inspection of the Farmer's stand or display.
- D. Answering questions including providing additional training or technical assistance.
- E. Discussion of participant or farmer complaints.

A monitoring form is used by the State Agency to document these visits. These visits are opportunities for the farmer to receive training, discuss problems and ask questions.

If a problem is discovered the problem will be documented on the Monitoring Form, a copy will be provided to the farmer by the State Agency.

If the monitor notes other problems during the on-site visit, the problems will be referred to the farmer in writing. If the problems are not corrected within the time frames given, the Agreement will be terminated or not renewed. If the Agreement is terminated or not renewed for not pricing food items, the farmer will receive a written notice. If at any time the farmer receives a second termination neglecting to price items, the farmer will be disqualified for one hundred and twenty (120) days; for a third occurrence, the farmer will be disqualified and cannot reapply for one (1) year.

If a claim is brought against the WIC FMNP farmer for selling at an offsite location, the farmer will be terminated from the WIC Program and will not be permitted to participate in WIC FMNP.

The State Agency is required to conduct undercover investigations of WIC FMNP farmers to determine adherence to WIC policies and procedures. The Office of Inspector General cooperates with the State Agency in these investigations. If problems are discovered, the farmer will be notified in writing of the sanctions to be imposed.

WIC FMNP FARMER STAMPS

WIC FMNP Farmer stamps uniquely identify each farmer and market.

1. Stamps are issued to farmers for each county they have an agreement.
2. A farmer may have more than one stamp.
3. Stamp the FIs with the correct county stamp. The first three (3) numbers represent the count and the last three (3) numbers represent the farmer
4. Call the State WIC Office to verify which stamp to use for each county.
5. Contact the State Office if stamp is lost or stolen for replacement.
6. A stamp cannot be duplicated.
7. The Market Manager is responsible for getting back the stamps of farmers no longer participating in the Program. These must be mailed back to the State Office. Market Managers cannot reissue stamps.

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WIC ISSUANCE SHEET (WIC-52)

Purpose	Used to retain and organize handwritten FMNP food instrument stubs in the medical record to document receipt by the participant, caretaker, or proxy.
When To Use	Each time handwritten FMNP food instruments are issued.
Instructions	Remove the tape strips to expose adhesive and apply FMNP food instrument stubs to the sheet. Remove strips in numerical order to fill the sheet.
Disposition	Retained in the medical record.
Retention	Per medical record requirements. See the AR for retention.
Ordering	Order on CDS 880 – Want to Order WIC Forms and Supplies.

WIC ISSUANCE

11 12

9 10

7 8

5 6

3 4

1 2

WIC-52

Monthly Count of Unused FOOD INSTRUMENTS INVENTORY FORM

Purpose: To account for all unused food instruments/cash value benefits and eWIC cards in inventory.
Copy this form as needed.

Instructions:

- From the portal menu, select "FI Range Search." Select appropriate clinic from the drop-down menu. Leave "Bank Account" drop down menu blank, and select search.
- Food instrument account numbers issued to the clinic will appear.
- Verify the number of food instruments/cash value benefits in this inventory is correct by physically counting all food instruments/cash value benefits on hand.
- Verify the number of eWIC cards on the Clinic Inventory Sheet.
- Account for all food instruments/cash value benefits and eWIC cards.
- Report discrepancies to the State WIC Help Desk.
- Attach a copy of the Food Instrument Range screen and a copy of the eWIC Card inventory spreadsheet to this form for documentation.

Type of Food Instrument/Cash Value Benefit	# FI Range Screen	# Per Physical Count	# Difference	Action Taken
Hand Written CVB				
Hand Written-Infant				
Hand Written- Woman/Child				
Hand Written Farmers Market				
Type of Food Instrument/Cash Value Benefit	# On Excel Spreadsheet	# Per Physical Count	# Difference	Action Taken
eWIC Card Inventory				

Comments:

Count done by: _____

This count must be done by someone that does not issue food instruments/cash value benefits.

Date of Count: _____

WIC FMNP FARMER TRAINING CHECKLIST

Purpose	This form indicates items addressed in the training.
When to Use	This form is given to farmers at the time of initial authorization and at subsequent training sessions.
Instructions	<ul style="list-style-type: none">• State Agency staff review a power point with market managers and WIC Coordinators.• The Market Manager will then complete the Training Checklist:<ul style="list-style-type: none">○ Print name of representatives at training○ Who conducted the training○ Must check all boxes acknowledging that they have been trained on each section○ Sign the Training Checklist○ Turn in to presenter at end of training• This will become a part of the market file• Market Managers are to use the same checklist with their farmers when they train them on the program and the checklists completed by the farmers are to be sent to the State Office to become a part of the market file.

WIC FARMERS MARKET/FARMER TRAINING CHECKLIST

MARKET/FARMER NAME: _____
(Please Print Legibly)

REPRESENTATIVES AT TRAINING _____
(Please Print Legibly)

MARKET MANAGER AND/OR FARMER IS TO CHECK ITEMS AS THEY ARE EXPLAINED AND UNDERSTOOD.

Maintaining qualifications to be an authorized farmers market, include, but not limited to:

- ☐ Annual training conducted at the market level
Training was conducted by _____
- ☐ Signs are posted giving days and times of operation for the market
- ☐ WIC FMNP signs are displayed by approved farmers
- ☐ Prices are marked on all food items.
- ☐ WIC FMNP Funding
- ☐ Farmer Requirements:
 - ☐ Incentive items are prohibited.
 - ☐ Requirement to attend annual training.
 - ☐ Accountability for actions of employees working at the market.
 - ☐ Terms of Market and Farmer Agreements.
 - ☐ Use of the Farmer Stamp.
- ☐ Monitoring of the market.
- ☐ Kentucky WIC FMNP Eligible Food List
- ☐ Redemption Process.
- ☐ Civil Rights – Fair Hearings - Discrimination.
 - ☐ Reporting of complaints regarding participants or farmers.
- ☐ Deadlines
- ☐ Contacts

ACKNOWLEDGEMENT

I acknowledge that I have received training on the above material. I willfully acknowledge that the items checked above were covered in the training material. I understand the material and consider myself fully trained.

Market Manager's Signature Date

State Representative Date

WIC FMNP BROCHURES

Purpose	To inform participants of the WIC FMNP Program, give directions on how to use Food Instruments and provide an Eligible Food List.
When to Use	Each participant that receives WIC FMNP FIs should receive a brochure.
Instructions	Provide to the participant/caretaker/proxy.
Language	English and Spanish versions available.
Ordering	Order from the State Office in the Spring.
Effective Date	Usually June 1.

ENGLISH BROCHURE

Kentucky WIC Farmers' Market Nutrition Program



Visit Your Kentucky Farmers Market Today



Kentucky Public Health
Prevent. Promote. Protect.



WIC is an Equal Opportunity Program

SPANISH BROCHURE

Programa de Nutrición del Mercado de Granjeros de WIC en Kentucky (FMNP)



Kentucky Public Health
Prevent. Promote. Protect.



WIC is an Equal Opportunity Program

WIC FMNP Eligible Food List

Purpose	To inform participants of the fruits, vegetables and herbs eligible to be purchased at approved Farmers Markets.
When to Use	When participants receive WIC FMNP Food Instruments.
Instructions	Provide to the participant/caretaker/proxy.
Language	English/Spanish version available.
Ordering	Order from the State Office in the Spring.
Effective Date	Usually June 1.

Eligible Food List



Apples	Asparagus	Beans (green)
Beets	Blackberries (thorn less & thorny)	Black Eyed Peas
Blueberries	Broccoli	Brussels Sprouts
Cabbage (red, green, Savoy, Chinese)	Carrots	Cauliflower
Cherries	Corn (sweet)	Crowder Peas
Cucumber	Edamame Soybeans	Eggplant
Grapes	Greens (collards, kale, mustard, spinach, Swiss chard, turnip)	Green Onions
Kohlrabi	Lettuce	Melons (muskmelon, honeydew, cantaloupe)
Mushrooms	Okra	Onions
Parsnips	Papaws	Peaches
Pears	Peas (snow peas, sugar snap)	Peppers
Plums	Potatoes	Pumpkins
Radishes	Raspberries	Rhubarb
Strawberries	Summer squash (yellow, zucchini, patty pan)	Sweet potatoes
Turnips	Tomatoes	Watermelons
Winter Squash (acorn, butternut, spaghetti, kabocha)		

Eligible Cooking Herbs (must be fresh cut, not dried or in the pot growing) including but not limited to:

Basil	Borage	Chives
Cilantro	Dill	Epazote
Fennel	Garlic	Marjoram
Mint	Oregano	Parsley
Rosemary	Sage	Savory
Shiso	Sorrel	Tarragon
Thyme		

Ineligible Foods

Non-local, non-Kentucky grown products are not eligible for purchase with WIC FMNP FIs (FIs). Examples include citrus products such as oranges, mangoes, lemons, limes, bananas and pineapples. Medicinal Herbs and others such as aloe, lamb's ear, catnip, rue, white sage, lavender, Echinacea, bee balm, chamomile and St John's Wort are not eligible for purchase with WIC FMNP Food Instruments.

Alimentos Aprobados



Apples - Manzana	Asparagus - Espárragos	Beans - Habichuela
Beets - Remolacha	Blackberries - Zarzamora	Black Eyed Peas
Blueberries - Arándano	Broccoli - Brócoli	Brussels Sprouts - Brúelas
Cabbage - Col	Carrots - Zanahoria	Cauliflower - Coliflor
Cherries - Cereza	Corn - Maiz	Eggplant - Berenjena
Cucumber - Pepino	Soybeans – Semilla de Soja	Green Onions - Cebollino
Grapes - Uva	Greens - Verdes	Melons - Melón
Kohlrabi	Lettuce - Lechuga	Onions - Cebolla
Mushrooms	Okra - Quimbombó	Peaches - Melocotón
Parsnips - Chirivia	Papaws	Peppers - Pimiento
Pears - Pera	Peas - Chicharro	Pumpkins - Calabaza
Plums - Ciruela	Potatoes - Papas	Rhubarb - Ruibarbo
Radishes - Rábano	Raspberries - Frambuesa	Sweet potatoes - Batata
Strawberries - Frambuesa	Summer squash - Calabaza	Watermelons - Sandia
Turnips - Nabos	Tomatoes - Tomates	
Winter Squash - Calabaza		

Eligible Cooking Herbs (must be fresh cut, not dried or in the pot growing) including but not limited to:

Basil	Borage	Chives
Cilantro	Dill	Epazote
Fennel	Garlic	Marjoram
Mint	Oregano	Parsley
Rosemary	Sage	Savory
Shiso	Sorrel	Tarragon
Thyme		

Ineligible Foods

Non-local, non-Kentucky grown products are not eligible for purchase with WIC FMNP FIs (FIs). Examples include citrus products such as oranges, mangoes, lemons, limes, bananas and pineapples. Medicinal Herbs and others such as aloe, lamb's ear, catnip, rue, white sage, lavender, Echinacea, bee balm, chamomile and St John's Wort are not eligible for purchase with WIC FMNP Food Instruments.

WIC FMNP MARKET LOCATIONS AND DATES/TIMES OF OPERATION

Purpose	Inform participants of approved markets statewide accepting WIC FMNP Food Instruments.
When to Use	When participants receive their WIC FMNP FIs.
Instructions	Provide to the participant/caretaker/proxy.
Language	English version available.
Ordering	Form is emailed to all WIC Coordinators prior to June 1.
Effective Date	Usually June 1. Revised annually.



2015 FARMERS' MARKETS AND ADDRESSES

County	Market Name	Market Address	Market Dates and Times
		409 Fairground Street, Ext. Office	Thurs, /Fri, 6 am-10-am
		424 Public Square	Sat, 8 am – 1 pm, Tues, 4:30 pm -7pm
		1138 Old Gallatin Rd, Day Mar College	Wed/Sat, 8 am-sellout beginning June 9
		1505 US 127 Bypass Hwy N	Fri/12 pm-5 pm, Sat/9 am-3 pm, Sun/12 pm-3 pm
		County Health Dept (off the square)	Tues/Fri, 8 am-1 pm
		Courthouse Lawn Public Square	Sat, 8am-noon
		2914 E Hwy 60	Tues/Fri/Sat, 8am-sellout, beginning June 19
		Ext Office, Hwy 18, Burlington	7 days a week/ 9am-6pm
		Corner of 8 th & High Streets	Mon/Wed, 4 pm-6 pm, Sat 9 am-12pm
		Fannin Automotive, USD 60	Wed/Sat, 8 am-2 pm or sellout, beginning June 6
		KDMC, 24 th St and Central Avenue	Thurs, 2pm-9 pm, beginning June 11
		First Friday Event	1 st Friday of each month, 4 pm-10 pm (6/5-10/2)
		Co Fairgrounds – 127 Bypass	Tues/Thurs, 8 am-3 pm
		N Third St., City Parking Lot	Sat 8am-1 pm
		1318 Lebanon Rd	Tues/Wed/Thurs/Fri, 10 am-5:30 pm, Sat, 10 am-2 pm
		County Ext. Office 1377 S Hwy 261,	Tues, 3 pm to sellout beginning July Sat, 6:30am-sellout beginning June 13
		Sr Citizens Act Ctr.,	Tues, 3 pm-6 pm
		Southern Lanes Sport Ctr.,	Fri, 3 pm-6 pm
		Pepper Pod Restaurant,	Sat, 9 am-noon beginning July
		General Butler State Park,	Wed, 2 pm-5 pm
		Co Courthouse	Wed/2 pm-5 pm
		Hometown Pizza Parking Lot	Sat, 8 am- noon
		94 Fairground,	Tues/Fri/Sat, 8 am-sellout
		Save A Lot Supermarket parking lot	Wed/Sat, 8 am-sellout, Mon/3 pm – sellout, beginning July
		110 West 9 th Street	Wed/Sat, 7am-1pm
		Depot St,	Sat/ 8 am-12 pm, Tues, 4 pm-6 pm
		Old B School by Britton Funeral Home	Sat, 9 am – 1 pm or sellout
		Christian Church Lot	Tues/Thurs/Sat, 6:30 am-noon
		One Health	Wed, 1:30 pm -5:30 pm (June3-Sept 2)
		n Courthouse Square	Tues/Fri/Sat, 7:30 am-11:30 am or sellout
		2944 S KY 7, Extension Office,	Tues/Fri, 8am-sellout, beginning July
		Azur, Beaumont, 3070 Lakecrest Circle	Sat, 9 am-2 pm/Thurs, 3 pm – 6 pm

KENTUCKY PROUD PRODUCE BENEFITS AND AVAILABILITY

Purpose	Inform participants of the benefits to their health by adding fruits and vegetables to their diet. Kentucky Proud Produce Availability Chart provides information when certain fruits and vegetables are available at the markets.
When to Use	Provide to participants receiving their WIC FMNP Food Instrument6s.
Instructions	Provide to the participant/caretaker/proxy. Find the information at: http://www.kyagr.com/marketing/documents/kyp_produceavailabilityguide.pdf
Language	English version available.
Effective Date	June 1.

Enjoy the freshness, flavor and excellence of Kentucky Proud Produce

It really makes a difference when you purchase locally grown fruits and vegetables. You provide your family with garden fresh taste and quality, while also helping the community by keeping food dollars close to home.



Colorful Eating Color-code your shopping and be on your way to better health. Each Color group of produce offers different phytochemicals, antioxidants and nutrients that help you stay healthy in a variety of ways.



Get the Blues (and purples)	Great Greens	Wonderful Whites	Outstanding Oranges (and yellows)	Radiant reds
Brian/memory, healthy aging, urinary tract	Vision, bones, teeth	Heart, maintain healthy cholesterol	Vision, immune system, heart	Heart, urinary tract, brain/memory
Fruits:	Fruits:	Fruits:	Fruits:	Fruits:
Blackberries	Apples	Pears	Cantaloupe	Apples
Blueberries	Grapes	White peaches	Peaches	Grapes
Grapes	Pawpaws		Apples	Pears
Plums	Pears		Pears	Raspberries
			Watermelon	Strawberries
Vegetables:	Vegetables:	Vegetables:		Watermelons
Eggplant	Asparagus	Cauliflower		
Kohlrabi	Beans	Kohlrabi	Vegetables:	Vegetables:
Asparagus	Broccoli	Onions	Carrots	Beets
Cabbage	Brussel Sprouts	Potatoes	Corn	Radishes
Carrots	Cabbage	White Corn	Potatoes	Red Peppers
Peppers	Cucumbers		Peppers	Tomatoes
	Kohlrabi		Pumpkins	Turnips
	Greens		Squash	
	Lettuce		Sweet Potatoes	
	Okra		Yellow Tomatoes	
	Onions			
	Peas			
	Peppers			
	Zucchini			

Kentucky Proud Produce

Buying Kentucky Proud is easy. Our secret ingredient is the hard work and dedication of Kentucky's farm families. Find out why "Nothing else is close."

Produce	May	June	July	Aug	Sept	Oct
Apples						
Asparagus						
Beans						
Beets						
Blackberries						
Blueberries						
Broccoli						
Brussel Sprouts						
Cabbage						
Cantaloupe						
Carrots						
Cauliflower						
Corn						
Cucumbers						
Eggplant						
Grapes						
Greens						
Kohlrabi						
Lettuce						
Okra						
Onions						
Paw Paws						
Peaches						
Pears						
Peas						
Peppers						
Plums						
Potatoes						
Pumpkins						
Radishes						
Raspberries						
Squash (summer)						
Squash (winter)						
Strawberries						
Sweet Potatoes						
Tomatoes						
Turnips						
Watermelons						
Zucchini						

EXAMPLES OF HANDWRITTEN WIC FMNP FOOD INSTRUMENTS AND STUBS

Purpose	To provide fresh fruits, vegetables and approved herbs to eligible participants.
When to Use	Issuance to participants beginning in June.
Instructions	<p>For specific information, refer to Food Instrument Issuance.</p> <p>Each issued food instrument must have the following entered by hand:</p> <ol style="list-style-type: none"> 1. Participant name and ID number. 2. Agency and site number. 3. Agency stamp. <p>Each stub for issued food instruments must have the following done by hand:</p> <ol style="list-style-type: none"> 1. Date issuance is done. 2. Participants name and ID number. 3. Initials of issuing staff. 4. Signature of person receiving benefits.
Disposition	Completed food instruments are given to participant. Completed stub must be filed in the medical record on the WIC-52. Handwritten issuance must be posted to the system.
Retention	Original stubs are retained per medical records requirements.

EXAMPLE OF WIC FMNP FOOD INSTRUMENT (FI)

An example of a WIC FMNP Food Instrument leaving the clinic with the participant:

Participant ID

Site Number

Agency Stamp

Participant Name

Valid Dates

Date to be deposited by farmer

QTY	UNIT	APPROVED (Year)	PATIENT'S NUMBER 17245943	LAST PUBLIC	NAME OF PARTICIPANT JOHN	MODEL Q.	FI NO. 0769952
Kentucky WIC Farmers' Market Nutrition Program VALID ONLY AT APPROVED KENTUCKY FARMERS MARKETS FOR LOCALLY GROWN FRESH FRUITS AND VEGETABLES No Change Permitted Deposit by November 15, 20XX			WIC 103103	6/01/20XX	10/31/20XX	PAY EXACTLY \$ 4 00	
AGENCY WIC STAMP				Date Redeemed: \$ 4 00			

0769952# 4081900619# 12 4670 L#

EXAMPLE OF WIC FMNP FOOD INSTRUMENT (FI) STUB

Date Participant receives FI

Participant ID Number

Participant Name

Valid Dates

Issuer Initials


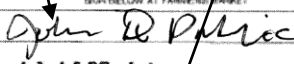
**Signature of
participant or
proxy.**

Date Issued: _____		Food Package FMNP	
Pt. Name _____		Pt I.D. Number _____	
Valid	6/01/2015	To	10/31/2015
Issuer Initials _____		_____	
ID FOR FI PU _____			
I HAVE RECEIVED FIVE (5) FOOD INSTRUMENTS STARTING WITH THE SERIAL NUMBER			
		282736	
Account No. 12467201			

EXAMPLE OF WIC FMNP FOOD INSTRUMENT (FI) COMPLETED BY FARMER

Date Redeemed

Signature of participant

QTY	UNIT	APPROVED ITEM	PATIENT I.D. NUMBER 17245943	LAST PUBLIC	NAME OF PARTICIPANT FIRST JOHN	MIDDLE Q.	FI NO. 0769952
Kentucky WIC Farmers' Market Nutrition Program VALID ONLY AT APPROVED KENTUCKY FARMERS MARKETS FOR LOCALLY GROWN FRESH FRUITS AND VEGETABLES No Change Permitted Deposit by November 15, 20XX			FARMER 103103	EXPIRATION DATE 6/01/20XX	REDEMPTION DATE 10/31/20XX	DATE RECEIVED 11/3/XX	PAY EXACTLY
			Not Redeemable Unless WIC Agency Stamp is Here	Not Redeemable Unless BY WIC Vendor Stamp is Here	KY WIC FMNP VENDOR	\$ 4 00	KENTUCKY WIC PROGRAM
			Agency Stamp		737147		
			SIGN BELOW AT FARMERS MARKET				
							

The WIC FMNP approved farmer stamp imprint

LOCAL AGENCY BATCH CONTROL FORM

When To Use	Use form when sending voided handwritten FMNP food instruments to the State WIC Office. Submit voids on a monthly basis.
Instructions	<ol style="list-style-type: none">1. Agency Name - name of the agency or site.2. Health ID. Agency No. - Agency health I.D. number.3. Location Clinic No. - clinic I.D. number4. Batch Control No. - Batch number beginning with 0001.5. Number Sent - number of voided handwritten FMNP food instruments sent to the State WIC Office. The maximum amount to be submitted with any batch is 100.6. Date Sent/Initials - the date sent to the State WIC Office and the initials of the person completing the form.7. Number Received - the number received by the State WIC Office.8. Date Processed - the date the State WIC Office processed the batch of handwritten food instruments. <p>NOTE: Copy WIC-31 form as needed. A revised copy of the WIC-31 can be obtained from the WIC Help Desk.</p>
Disposition	File returned original WIC-31.
Retention	Retain form for six (6) months.

WIC-31
05/03

WIC PROGRAM LOCAL AGENCY BATCH CONTROL FORM

AGENCY NAME _____

HEALTH ID/AGENCY NO.

LOCATION CLINIC NO.

BATCH CONTROL NO.

--	--	--

--	--	--	--

--	--	--	--

NUMBER SENT (Max=100 batch)	DATE SENT/INITIALS	NUMBER RECEIVED	DATE PROCESSED

MAIL TO:

BATCH CONTROL
WIC PROGRAM
DIVISION OF ADULT AND CHILD HEALTH
DEPARTMENT FOR PUBLIC HEALTH
275 EAST MAIN STREET
FRANKFORT, KY 40621-0001

Kentucky WIC FMNP Program Agreements

Market Agreements

Purpose	Form is to be utilized by markets desiring to be WIC approved.
When To Use	Form is given to a market upon request. It is also completed every two (2) years by markets wanting to stay in the Program.
Instructions	<p>All Information must be legible:</p> <ol style="list-style-type: none">1. Each Market completes three (3) Market Agreements.2. The state office, health department and market retain an original copy.3. The market manager reads the Agreement and completes the front page: market manager name, market manager address, phone number and email address, market location, dates and times of market operation.4. Signs the back page.5. Agreement is sent to the local health department to be signed.6. Agreement then sent to the State Office to be signed.7. The State Office returns an original to health department and Market Manager.
Ordering	An agreement is provided to the Market Manager at the training which he has signed up to attend. If he is not at the training, the agreement is mailed to him.
Retention	Agreements are to be kept for four (4) years. Each agreement is good for two (2) years.

Farmer Agreements

Purpose	Form is to be utilized by farmers desiring to be WIC approved.
When To Use	Form is given to farmer upon request. It is also completed every two (2) years by farmers wanting to stay in the Program.
Instructions	<p>All information must be legible:</p> <ol style="list-style-type: none">1. Each Farmer completes three (3) Farmer Agreements.2. The State WIC Office, health department and market retain an original copy.3. The Farmer reads the Agreement and completes the front page: Name, Farm Name, Address, Phone Number and E-mail Address.4. Signs the back page.5. Agreement is turned into the Market Manager.6. Agreement is sent to the local health department to be signed.7. Agreement then sent to the State Office to be signed.8. The State Office returns an original to health department and market manager.
Ordering	Market Managers are asked in the early spring how many farmers they anticipate signing up for WIC FMNP. When Market Managers sign up for a training location, the agreements are taken to them at that time.
Retention	Agreements are to be kept for four (4) years. Agreements are good for two (2) years.

KENTUCKY WIC FARMERS' MARKET NUTRITION PROGRAM FARMERS' MARKET (FMNP) AGREEMENT

This agreement made and entered into this 1st day of May 20XX by and between the Kentucky WIC FMNP and Farmers' Market.

LOCAL FARMERS' MARKET NAME: _____
FARMERS' MARKET COORDINATOR NAME: _____
ADDRESS OF COORDINATOR: _____
CITY: _____ ZIP: _____ PHONE: _____
E-MAIL ADDRESS: _____
MARKET LOCATION: _____
DATES AND TIMES MARKET IS OPEN: _____

(PLEASE COMPLETE ALL INFORMATION ASKED FOR ABOVE)

Hereinafter referred to as the Second Party.

WHEREAS, the First Party, Nutrition Program (FMNP) WIC Farmers' Market, in exercise of its lawful duties has determined upon the necessity of the performance of the following described service, to wit: In relation to the Second Party to provide fresh fruits and vegetables to WIC Program participants as authorized on food instruments issued by the First Party; and

WHEREAS, the Second Party is available and would be qualified to perform such function;

NOW, THEREFORE, it is hereby and herewith mutually agreed between the parties hereto as follows:

1. The Second Party agrees:

- a) To comply with applicable Federal and State policies, procedures and regulations relating to WIC (FMNP).
- b) Guarantee that participating farmers are in compliance with the Kentucky WIC FMNP Farmer Agreement and the Kentucky WIC Farmers' Market Nutrition Program (FMNP) Manual.
- c) Agree to distribute stamps to the appropriate farmers and return any unused stamps or stamps of terminated farmers to the local health department WIC coordinator or the state office coordinator.
- d) Attend training annually on WIC FMNP procedures and provide training to authorized farmers and employees, with WIC FMNP responsibilities on such procedures.
- e) Agree to be monitored for compliance with WIC FMNP requirements.
- f) Provide the First Party documentation, within 7 (seven) days, if there is a change of market coordinator and any change of address information.
- g) Provide the First Party notification of any change in farmer status.
- h) Provide a schedule of the hours, days and duration of the market operation to the First Party. Notification shall be provided to the First Party of any market schedule change within (seven) 7 days. Days and hours of operation will be displayed at the market.
- i) Ensure market is an organized market. To be considered "organized" the market must have an established contact person/decision maker and meet at a named location on specified days and times.
- j) Ensure market is registered with the Kentucky Department of Agriculture (KDA) and approved as a Kentucky Proud™ member.
- k) Insure the market has fresh Kentucky grown produce.
- l) Retain all books/records pertaining to WIC FMNP for a minimum period of three (3) years. However, in instances when claims action and/or audit findings have not been resolved, the records shall be retained until the action or findings have been resolved.
- m) Display a sign stating the Second Party is authorized to redeem FMNP food instruments.
- n) Have the capability of providing the information in bilingual manner where services are being delivered in a language minority area. This requirement may be met through the use of bilingual staff members, volunteers, and/or informational materials.
- o) Non-profits selling on behalf of local farmers must have a signed updated agreement on all farmers supplying fresh fruits and vegetables. The agreement assures their commitment of participation to program guidelines.

2. The First Party will:

- a) Conduct training for all market coordinators participating in the Kentucky WIC FMNP.
- b) Distribute signs to the Second Party stating they are authorized to redeem FMNP food instruments.
- c) Assign each approved farmer with a stamp number.

3. SANCTIONS AND TERMINATION OR CANCELLATION

- a) Either Party may terminate this Agreement at any time with cause or without cause upon giving thirty (30) day notice in writing to the other party. Notice of termination shall be sent by mail with return receipt requested.
- b) First Party may deny payment to the Second Party for improperly redeemed Kentucky WIC FMNP food instruments and may demand refunds for payments previously made on improperly redeemed food instruments.
- c) First Party may disqualify the Second Party for WIC FMNP abuse. Second Party has the right to appeal a denial of an application to participate, a disqualification, or a Farmers' Market Nutrition Program sanction by the First Party. Non-renewal of the Agreement is not subject to appeal.
- d) In the event Second Party commits fraud or engages in any other illegal activity, it is subject to prosecution under applicable federal, state or local laws.
- e) The First Party reserves the right to modify this Agreement at any time upon written notice to the Second Party.
- f) This agreement does not constitute a license or property interest.
- g) This Agreement shall not become effective until approved by the Department for Public Health.

This agreement is in effect until April 30, 2017.

FIRST PARTY

(Health Department)

SECOND PARTY

(Farmers' Market)

Print Name of Agency

Market Coordinator (Print name)

Signature of Authorized officer of Health
Department/Date

Signature of Market Coordinator/Date

APPROVED BY:

Authorized Official
Department for Public Health
Cabinet for Health and Family Services
Kentucky WIC Program

Date

FARMER STAMP# _____ NEW FARMER? _____ COUNTY _____
MARKET NAME _____

**KENTUCKY WIC FARMER'S MARKET NUTRITION PROGRAM (FMNP)
FARMER AGREEMENT**

THIS AGREEMENT made and entered into this 1st day of May, 20XX, by and between the Kentucky State WIC Program and:

(Health Department Information goes above)

Hereinafter referred to as the First Party; and the farmer:

NAME OF FARMER: _____

FARM NAME: _____

ADDRESS: _____

CITY: _____ **ZIP:** _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

(Please print legibly and provide all of the information asked for above)

Hereinafter referred to as the Second Party;

WHEREAS, the First Party, in the exercise of its lawful duties, has determined upon the necessity of the performance of the following described service, to wit: In relation to the First Party's WIC Farmers' Market Nutrition Program (FMNP) to provide fresh fruits and vegetables to WIC Program participants as authorized on food instruments issued by the First Party; and

WHEREAS, the Second Party is available and would be qualified to perform such function;

NOW, THEREFORE, it is hereby and herewith mutually agreed by and between the parties hereto as follows:

1. The Second Party agrees:
 - a) To comply with applicable Federal and State policies, procedures and regulations relating to the WIC Program;
 - b) To be a member of the First Party's authorized farmers' market for the Farmers' Market Nutrition Program (FMNP) and to sell only at the authorized farmers' market;
 - c) To offer for sale only locally grown fruits, vegetables and herbs (eligible food) for human consumption. Locally grown is defined as fruits, vegetables and herbs grown within Kentucky borders. See Eligible Food List;
 - d) To not sell exclusively eligible foods grown by another entity such as a wholesale distributor. A farmer may on occasion sell produce for another farmer who is a member of the market but unable to attend that day. Non-profits may sell on behalf of local farmers provided a signed farmer agreement is in place assuring the farmer's commitment of participation of the Program guidelines;
 - e) To verify with the First Party any WIC FMNP food instruments (FIs) which appear to have been altered, defaced or mutilated before redeeming the Food Instrument;
 - f) To dispense only approved food items in the quantities and sizes which have been specified on the food instrument to authorized participant upon presentation of an authorized food instrument;
 - g) To honor WIC FMNP Food instruments only within the valid period specified on the food instrument (*the period beginning with the "first day to use" and ending with the "last day to use" dates);
 - h) To accept WIC FMNP food instruments issued by any authorized Kentucky WIC Agency;
 - i) To dispense WIC FMNP food items to participants without requiring other purchases and accord such persons the same services given to other market customers;
 - j) To not provide refunds or permit exchanges for WIC food items. In the event that a WIC food item is defective, spoiled or has exceeded its sell by/use date, etc., an exchange may be made only for the exact brand and size as the original food item returned by the participant;

- k) To not redeem food instrument in whole or in part for cash, unauthorized foods, other items of value, as a credit for past accounts or otherwise violate the WIC FMNP policies, procedures and regulations;
 - l) To not issue change, due bills, credit, etc. for purchases less than the total cash value of the money limit on the food instrument;
 - m) To accept and redeem WIC FMNP food instruments only within the confines of the Farmers' Market and to not make home deliveries;
 - n) To not issue "due bills," "IOU's," "rain checks", "cash" or similar types of instruments in lieu of WIC FMNP eligible items;
 - o) To not charge participants for WIC FMNP eligible items dispensed in accordance with the terms of this Agreement;
 - p) To not seek restitution from participants for food instruments which are partially paid or rejected for payment;
 - q) To not charge for eligible WIC FMNP items not authorized on the food instrument;
 - r) To record in ink, the date redeemed on the face of the food instrument prior to obtaining the signature of the person redeeming the food instrument;
 - s) To display the prices and how product is sold (pound, container, bunch, etc.) of WIC FMNP eligible items, on each item or on the display where those items are located;
 - t) To not charge the First Party costs which exceed the posted price of the items provided;
 - u) To submit to the First Party the completed food instrument by the date of deposit on the face of the food instrument;
 - v) To refund the First Party any payment previously made on improper or invalid food instrument;
 - w) Training provided by the First Party and to keep appropriate employees informed of current policies, procedures and regulations pertaining to the WIC FMNP;
 - x) To be accountable for actions of employees in the utilization of food instruments or provision of WIC FMNP eligible items;
 - y) To permit monitoring and inspection of farmers' market stand and all documents necessary to ensure compliance with the Agreement and State and Federal WIC FMNP rules, regulations and policies, as well as to respond to requests for corrective action;
 - z) To provide access to food instruments negotiated the day of the monitoring visit, if requested;
 - aa) To make available all appropriate documents and records pertaining to WIC FMNP upon request by the First Party;
 - bb) To not collect sales tax on WIC FMNP purchases;
 - cc) To not physically or verbally threaten or abuse agents of the First Party; and
 - dd) To accept only food instruments indicating Kentucky WIC Farmers' Market Program.
2. The Second Party also agrees:
- a) To comply with all policies and procedures developed for the Food Instrument (FI) process;
 - b) To be responsible for assuring the farmer stamp number, issued by the First Party, is used in accordance with governing policies and procedures and maintain a stamp number for each Farmers' Market that the farmer participates in;
 - c) To be responsible for any misuse of the farmer stamp number (until the First Party has been properly identified) which results in a loss to the First Party;
 - d) To not replicate the farmer stamp or stamp number;
 - e) TO RETURN THE FARMER STAMP IMMEDIATELY UPON TERMINATION OF THIS AGREEMENT AND/OR STOP USING STAMP NUMBER UPON APPLICATION OF A SANCTION;
 - f) To be responsible for obtaining and reviewing a Kentucky WIC Farmers' Market Nutrition Program (FMNP) Manual;
 - g) To be responsible for safeguarding protected health , confidential and sensitive information of the WIC participants who redeem food instructions at the farmer's location in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA); and
 - h) To acknowledge that the WIC Acronym and the WIC Logo are service markets owned by the Department of Agriculture (USDA) and that all rights belong exclusively to USDA.
3. For the services as hereinafter set forth, the First Party Agrees:
- a) To authorize reimbursement through a centralized WIC bank account system established by the Cabinet for Health and Family Services, to the Second Party within sixty (60) days of receipt of a

- properly completed food instrument for the eligible food items to this Agreement and shall not authorize reimbursement for foods for which written notice of deletion has been received;
- b) To monitor the Second Party's performance under this Agreement and to inform the Second Party of the results thereof; and
- c) To provide the Second Party with training and written instructions on the Program's operations.
4. The First Party reserves the right to deny payment for any altered, defaced or mutilated food instrument or food instrument submitted for payment outside the allowable time frames.
 3. In the event a claim is assessed against the Second Party after the food Instrument has been paid, and then the First Party may offset future payments to the Second Party for the amount of the claim. Nonpayment of a claim will result in termination of the Agreement.
 4. The parties hereby agree to comply with all appropriate Federal and State Civil Rights Laws and Regulations and state that they do not discriminate against any participant for reasons of race, color, national origin, age, sex or disability. Nondiscrimination Regulations of the United States Department of Agriculture (7 C.F.R., Part 15), and Title VI of the Civil Rights Act of 1964 (P.L. 88-352).
 5. The Second Party states that he is knowledgeable and aware that a farmer who commits fraud or abuse of the program is liable for prosecution under the applicable Federal, State or local laws.
 6. Either party shall have the right to terminate this Agreement at any time upon thirty (30) days advance written notice served upon the other party by registered or certified mail; provided, however, that the First Party may terminate this Agreement immediately for cause upon fifteen (15) days written notice served upon the Second Party by registered or certified mail with return receipt requested.
 7. The Second Party has a right to appeal a decision pertaining to denial of the application to participate, farmer disqualification or other adverse action which affects participation during the agreement performance period. Expiration or non-renewal of an agreement with a farmer is not subject to review. If the disqualification of the Second Party is reversed through administrative or judicial review, the First Party shall not be liable for the value of sales lost during the disqualification period.
 8. In the event the Second Party is participating in more than one Farmers' Market an Agreement for each County shall be signed and a stamp number issued for each County Market.
 9. In the event the Second Party fails to continue to meet the criteria for the selection of Farmers as specified in during the term of the Agreement or fails to meet any of the terms of this Agreement, the First Party will upon notice to the Second Party terminate or not renew this Agreement. A termination or non-renewal for failure to meet these criteria has specific disqualification periods. The first termination or non-renewal will be for a period of sixty (60) days. If at any time a second termination or non-renewal is received for the same violations, the period of disqualification will be for a period of one hundred twenty (120) days; for the third occurrence, one (1) year.
 10. The First Party reserves the right to modify this Agreement at any time upon written Notice to the Second Party.
 11. This Agreement is non-transferable and shall become void upon change of farm's ownership. The farmer shall notify the First Party when the farmer ceases operation or the ownership changes.
 12. This Agreement does not constitute a license or property interest.
 13. Neither the First Party nor the Second Party has an obligation to renew this farmer agreement. Expiration or non-renewal of an agreement is not subject to review.
 14. The State Agency will terminate this Agreement if the State Agency identifies a conflict of interest as defined by applicable State laws, regulations and policies, between the farmer and the State Agency or its local health departments.
 15. Authorized signage will be supplied to identify each farmer as an authorized WIC FMNP Farmer and must be displayed. Authorized WIC FMNP Farmers are not permitted to use the acronym "WIC" or the WIC logo in the title of their farm or on the name of their farm stands. The purpose of this restriction is to avoid giving the impression to participants that the business is owned and operated by the State Agency and/or officially endorsed and preferred by the State Agency over any other authorized WIC FMNP Farms.
 16. The State Agency will immediately terminate the agreement if it determines that the farmer has provided false information in connection with its application for authorization.
 17. This Agreement shall not become effective until approved by the Department for Public Health.

This Agreement is in effect until April 30, 2017.

FIRST PARTY:

(Local Health Department)

SECOND PARTY:

(Farmer)

Signature of Authorized Officer
Of Health Department

Please Type or Print Legibly
Authorized Farmer Name

Agency (Health Department) (Print)

Authorized Farmer Signature

Date_____

Date_____

APPROVED BY:

Authorized Official
Department for Public Health
Cabinet for Health and Family Services
Kentucky WIC Farmers' Market Nutrition Program

Date

KENTUCKY WIC PROGRAM FARMERS MARKET APPLICATION FORM

Purpose	Form is to be utilized by markets desiring to be WIC FMNP approved.
When To Use	Form is given to a market upon request. The market must have received the support of their local health department and the local health department must have signed the application.
Time Frame	The application form must be received by the State Office by October 15 of each year to be considered for WIC next year.
Instructions	<p>A new market must complete an application form to be considered for approval in the Program:</p> <ol style="list-style-type: none"> 1. Market Name 2. County located 3. Year it was incorporated 4. Number of famers that are members 5. Name of market manager 6. Market Manger address, phone number and email address 7. Market location, 8. Market days and times of operation 9. List of all farmers interested in the WIC FMNP Program.
Acceptance	The market will be contacted in the winter if they are approved for the Program. Any approved farmers must be current members of the approved market. The market must be Kentucky Proud™. The market must also complete GAP training if they intend to give out samples at their market.

KENTUCKY WIC FARMERS' MARKET NUTRITION PROGRAM (FMNP) APPLICATION FORM



Market Name _____

County _____ Year Established _____

Number of Farmers selling fruits and vegetables grown within the borders of
Kentucky: _____ (list all eligible farmers on page 2 of application form)

Contact Name _____ # Years as Contact _____

Mailing Address _____

City _____ Zip _____

Phone _____ E-mail _____

MARKET LOCATION(S): (Please be specific – include physical address)

Location _____

List other locations on the back and check here ☐

MARKET DETAILS:

Day	Time	Location	Start & Stop Date

Have you contacted the local health department in your county regarding participation in the WIC FMNP Program? ____ Yes ____ No Agency Contact Name: _____

Agency Signature: _____ Date: _____

Is your Market registered with the Kentucky Department of Agriculture and approved as a Kentucky Proud™ member? ____ Yes ____ No

Have Vendors completed the Good Agriculture Practices (GAP) Program Training (if samples are intended to be provided)? ____ Yes ____ No

Do all farmers interested in participating in the Program grow produce within the borders of Kentucky? ____ Yes ____ No If no, they are not eligible for the Program.

Please return completed form to:

Beverly Salchli
Nutrition Services Branch
275 East Main Street, HS2W-D
Frankfort, KY 40621
Beverly.Salchli@ky.gov

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Section: Farmers Market Nutrition Program
WIC and Nutrition Manual
October 1, 2015

Kentucky WIC FMNP Manual for New Approved Farmers

Purpose	Manual is to be utilized by farmers that have been approved as a WIC FMNP approved farmer. This provides guidelines on the program.
When To Use	Manual is mailed to each approved farmer along with a sign and stamp. Information provided in Manual: <ol style="list-style-type: none">1. How to redeem food instruments (FIs)2. How to complete farmer portion of the FI3. Stamps4. Revalidation of a FI5. Monitoring6. Renewal of the Farmer Agreement7. Fraud8. Eligible food list.
Where To Obtain	To be requested from the State Agency.

KENTUCKY WIC FARMERS' MARKET NUTRITION PROGRAM (FMNP) MANUAL



Kentucky Public Health
Prevent. Promote. Protect.

“WIC is a registered service mark of the Department of Agriculture for USDA’s Special Supplemental Nutrition Program for Women, Infants and Children.” This institution is an equal opportunity provider.

WIC FARMERS MARKET PROGRAM SIGN

Purpose	Sign must be displayed at the booth of each approved farmer. WIC participants can then identify which farmers accept WIC food instruments (FIs). Each farmer is mailed a sign at the time of his approval into the Program along with a manual and stamp.
When To Use	Sign must be displayed any time the market is open for business.
Languages	Sign is available in both English and Spanish.
Where To Obtain	Sign may be requested from the State Agency.



KENTUCKY WIC

**FARMERS' MARKET NUTRITION PROGRAM
ACCEPTED HERE**

**SE ACEPTAN CUPONES DEL PROGRAMA DE
NUTRICION WIC KENTUCKY AQUI EN EL
MERCADO CAMPESINO**



Kentucky Public Health

Prevent. Promote. Protect.

WIC FMNP REVALIDATION INFORMATION FORM

Purpose	Form is used to document food instruments that have been sent to the agency for revalidation.
When To Use	Use this Form when revalidating and returning food instruments that have been brought to the agency by the farmer as well as documenting food instruments which are not eligible for revalidation and are returned to the farmer.
Instructions	<p>The Form will ask for the following information:</p> <ol style="list-style-type: none"> 1. Serial Number of the Food Instrument (FI) 2. Date Received in health department office 3. Date of revalidation 4. Date returned to farmer <p>Check the reason for revalidation:</p> <ol style="list-style-type: none"> 1. Pay exactly altered 2. Pay exactly missing 3. Date redeemed altered 4. Date redeemed invalid (outside valid dates) 5. Date redeemed missing 6. Sale Check (beyond the deadline of November 15) 7. Not needed with WIC FMNP 8. Missing signature 9. Agency stamp missing 10. Farmers stamp missing (only if check will reach bank by November 15) 11. Other
Retention	Retain copy of form for two (2) years.

WIC REVALIDATION INFORMATION

Vendor Name:

Vendor Number:

FOOD INSTRUMENT PROBLEM

SERIAL NUMBER OF FOOD INSTRUMENT	DATE RECEIVED IN OFFICE	DATE OF REVALIDATION	DATE RETURNED TO VENDOR	PAY EXACTLY ALTERED	PAY EXACTLY MISSING	DATE REDEEMED ALTERED	DATE REDEEMED INVALID (OUTSIDE VALID DATES)	DATE REDEEMED MISSING	STALE CHECK (BEYOND 60 DAYS)	STALE CHECK (BEYOND 90 DAYS - STATE APPROVAL)	MISSING SIGNATURE	AGENCY STAMP MISSING	VENDOR STAMP MISSING (ONLY IF CHECK WILL REACH BANK AFTER 60 DAYS)	OTHER
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL NUMBER PER COLUMN														

KENTUCKY WIC FMNP COMPLAINT FORM

Purpose	The completed form serves as documentation of a complaint against a WIC participant, farmer or market.
When To Use	Form is to be completed by market manager and mailed to the local agency when an incident warrants a complaint.
Instructions	<ol style="list-style-type: none"> 1. Market name is the name of the market incident occurred. 2. Market Manager Name – self explanatory 3. Address is the physical location of the market 4. Phone number and email is for the market contact involved. 5. Name of Participant – self-explanatory. 6. Phone number and/or email of participant involved. 7. Name of Farmer – self explanatory 8. Stamp Number is number that has been assigned State Office. 9. Phone number and/or email of farmer involved. 10. Date and time event occurred – self-explanatory. 11. Details of event – self-explanatory.
Local Agency Findings	<p>Document any actions taken by local agency as a result of a complaint.</p> <p>In the case of a Civil Rights complaint of discrimination, the complaint must be referred to:</p> <p style="text-align: center;"> USDA Director, Office of Adjudication, 1400 Independence Avenue, SW Washington, DC 20250-9410 or call: (800) 795-3272 or (202) 720-6382 (TTY) </p> <p>Send a copy of complaint to the WIC State Office.</p>
Retention	Forms must be maintained for three (3) federal fiscal years. Destroy by shredding.

KENTUCKY WIC PROGRAM FMNP COMPLAINT FORM

MARKET NAME: _____

MARKET MANAGER NAME: _____

MARKET ADDRESS: _____

PHONE NUMBER AND EMAIL OF MARKET CONTACT PERSON:

Complete the below information, if available:

NAME OF PARTICIPANT: _____

PHONE NUMBER AND EMAIL: _____

NAME OF FARMER: _____ STAMP # _____

PHONE NUMBER AND EMAIL: _____

DATE & TIME EVENT OCCURRED: _____

DETAILS OF EVENT:

- ___ a. Participant or Farmer tried to buy or sell unauthorized items.
- ___ b. Participant tried to receive cash for WIC benefits.
- ___ c. Participant tried to return items purchased with WIC.
- ___ d. Participant was verbally or physically abusive to farmer.
- ___ e. Farmer was verbally or physically abusive to participant
- ___ f. Other: _____

ACTION TAKEN BY LOCAL AGENCY:

MAIL COPY TO THE STATE AGENCY AND OBTAIN COPY FOR COMPLAINT FILE.

REPORTS

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PARTICIPANT USAGE REPORT

Name of Report	Participation Usage Report
Purpose	Review report to determine which participants have redeemed FMNP food instruments (FIs). Report provides a list of all FIs issued and the dates redeemed by the participant. Allows health departments to call and remind participants of the remaining time to redeem FMNP FIs.
Frequency	Report is available in E-Reports monthly around the 15 th of the month.
Distribution	WIC Coordinator go to E-Reports.
Instructions	<ol style="list-style-type: none"> 1. Review report and contact participants who have not redeemed the FMNP FIs. 2. Remind participants of the end date of October 31. 3. If there is no date under the Date of Redemption Column, then the FIs have not been redeemed by the participant. 4. Report to be utilized when determining issuance of FMNP FIs for the next year.
Description	<p>Report will contain:</p> <ol style="list-style-type: none"> 1. County 2. Participant's name 3. Address, phone number 4. Date that their FIs were redeemed at the market <p>See Report example on next page.</p>
Retention	Retain until receipt of next report. Destroy by shredding, burning, etc.

EXAMPLE OF PARTICIPANT USAGE REPORT

County	Name	Address	City/Zip	Phone Number	Date of Redemption
309001	NAME	ADDRESS	Columbia,KY 42728	PHONE NUMBER	20140723
309001	NAME	ADDRESS	Columbia,KY 42728	PHONE NUMBER	20140723
309001	NAME	ADDRESS	Columbia,KY 42728	PHONE NUMBER	20140723
309001	NAME	ADDRESS	Columbia,KY 42728	PHONE NUMBER	
309001	NAME	ADDRESS	Columbia,KY 42728	PHONE NUMBER	
309001	NAME	ADDRESS	Columbia,KY 42728	PHONE NUMBER	

FIs have not been redeemed if
space is blank.

FARMER REDEMPTION REPORT

Name of Report	Farmer Redemption Report
Purpose	Review report to determine which farmers are actively participating in the FMNP Program and dates the food instruments (FIs) cleared the bank.
Frequency	<ol style="list-style-type: none"> 1. Distributed to the health departments and market managers annually in December. 2. Report can be distributed monthly upon a request to the State Agency FMNP Coordinator.
Distribution	Report will be provided via e-mail or regular mail to the WIC Coordinator and the Farmers' Market Manager.
Instructions	Review the report to obtain redemption for each farmer per month. Utilize report to remind farmers to deposit their FIs monthly.
Description	<p>Report contains:</p> <ol style="list-style-type: none"> 1. County Name 2. Allocation Amount 3. Farmer stamp number. 4. Farmer name. 5. Monthly redemption by farmer. 6. Total monthly redemption. 7. Redemption rate for month. 8. FIs redeemed from other counties. 9. FIs that belonged to your county but redeemed in another county. 10. Redemption rates for past years.
Retention	Final Report for One (1) year.

EXAMPLE OF FARMER REDEMPTION REPORT:

COUNTY NAME – ALLOCATION AMOUNT

STAMP #	FARMER								REDEMPTION
		JUNE	JULY	AUG	SEPT	OCT	NOV	TOTAL	RATE
7XXXXX	Bill				\$24.00			\$24.00	
7XXXXX	Tom							\$-	
7XXXXX	Eric							\$-	
7XXXXX	Ross							\$-	
7XXXXX	Anthony							\$-	
7XXXXX	Danny				\$20.00			\$20.00	
7XXXXX	Sue							\$-	
7XXXXX	Peggy							\$-	
7XXXXX	Mike			\$24.00		\$12.00		\$36.00	
7XXXXX	Delaney	\$164.00	\$1,588.00	\$540.00	\$140.00	\$56.00		\$2,488.00	
7XXXXX	Another County Fls	\$4.00	\$52.00					\$56.00	
7XXXXX	Shannon		\$164.00	\$384.00	\$168.00	\$204.00		\$920.00	
7XXXXX	Another County Fls			\$20.00		\$24.00		\$44.00	
7XXXXX	Lisa							\$-	
7XXXXX	Marsha				\$20.00			\$20.00	
		\$168.00	\$1,956.00	\$1,016.00	\$376.00	\$300.00	\$16.00	\$3,832.00	55%

See where market farmers redeemed other county's Fls.

See where other counties redeemed Fls from your county.

County Fls were redeemed in another county as follows: July \$4
 County Fls were redeemed in another county as follows: Aug \$12
 County Fls were redeemed in another county as follows: Aug \$20, Oct \$24

REDEMPTION RATES FOR LAST FEW YEARS:

2011	55%
2012	63%
2013	63%
2014	55%